

EXHIBIT 6-O

HUD Handbook 1378

Appendix 6

GUIDEFORM NOTICE OF ELIGIBILITY FOR RELOCATION ASSISTANCE -- RESIDENTIAL TENANT

Grantee or Agency Letterhead

(date)

Dear _____:

On (date) , we notified you of proposed plans to (identify project) . On (date) , the project was approved.

This is a notice of eligibility for relocation assistance. To carry out the project, it will be necessary for you to relocate. However, you do not need to move now. You will not be required to move without at least 90 days advance written notice of the date by which you must vacate. When you do move, you will be entitled to relocation payments and other assistance in accordance with Federal regulations implementing the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (URA), as amended.

The effective date of this notice is (date of initiation of negotiations). You are now eligible for relocation assistance, including:

- Counseling and Other Advisory Services.
- Payment for Moving Expenses. You may choose either (1) a payment for your actual reasonable moving and related expenses, or (2) if you prefer, a fixed moving expense and dislocation allowance of \$_____.
- Replacement Housing Payment. You may be eligible for a replacement housing payment to rent or buy a replacement home. The payment is based on several factors, including the cost of a "comparable replacement home," the monthly rent and average cost of utility services for your present home, and 30 percent of your average gross household income.

Listed below are three "comparable replacement homes" that you may wish to consider:

	<u>Address</u>	<u>Rent and Utility Costs</u>	<u>Name and Phone No. of Person to Contact</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

We would be pleased to provide you with transportation to inspect these dwelling units. We believe that the unit at _____ (*address*) _____ is the most representative of your present home. The rent and the estimated average cost of utility services for that unit is \$_____. Based on the information you have provided about your income, you may be eligible for a rental assistance payment up to \$_____ (42 x \$_____). This is the maximum amount that you would be eligible to receive. It would be paid in (*indicate number of installments*). If you rent a decent, safe and sanitary home where the monthly rent and average estimated utility costs are less than \$_____, your rental assistance payment would be based on the actual cost of such unit.

Contact us immediately if you do not agree that these units are comparable to your home. We will explain the basis for our selecting these units. And, if necessary, we will find other units. We will not base your payment on any unit that is not a "comparable replacement home." Should you choose to buy (rather than rent) a decent, safe and sanitary replacement home, you would be eligible for a down payment of \$_____. Let us know if you would prefer to buy a replacement home, and we will help you find such housing.

I am enclosing a brochure entitled, "Relocation Assistance to Tenants Displaced From Their Homes." Please read the brochure carefully. It explains your rights and some things you must do to obtain a payment. For example, to obtain a replacement housing payment you must move to a decent, safe and sanitary home within one year after you vacate your present home. Therefore, do not commit yourself to rent or buy a unit until we inspect it.

I want to make it clear that you are eligible for assistance to help you relocate. In addition to relocation payments and housing referrals, counseling and other services are available to you. A representative of this office will soon contact you to determine your needs and preferences. He/She will explain your rights and help you obtain the relocation payments and other assistance for which you are eligible. If you have any questions, please contact _____ (*name*) _____, _____ (*title*) _____ at _____ (*phone*) _____, _____ (*address*) _____.

Remember, do not move before we have a chance to discuss your eligibility for assistance. This letter is important to you and you should retain it.

Sincerely,

(name and title)

Enclosure

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NOTES.

1. The case file must indicate the manner in which this notice was delivered (e.g., personally served or certified mail, return receipt requested) and the date of delivery. (See Paragraph 2-3d of Handbook.)
2. This is a guide form. It should be revised to reflect the circumstances.